

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>M</i>		<i>07-27-01</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>H.T.</i>	<i>1117</i>	<i>8/30/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓ 9/17/01
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	N N
8	✓ ✓
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16	
17	
18	
19	
20	✓ ✓
21	N N
22	✓ ✓
23	✓ ✓
24	N N
25	✓ ✓
26	✓
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30	✓ ✓
31	N N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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05/30/01